

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/566953**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51					
2		1		1		52					
3		1		1		53					
4		1		1		54					
5		1		1		55					
6		1		1		56					
7		1		1		57					
8		1		1		58					
9		1		1		59					
10		1		1		60					
11		1		1		61					
12		1		1		62					
13		1		1		63					
14		1		1		64					
15		1		1		65					
16		1		1		66					
17	1	1	1	1		67					
18		1		1		68					
19		1		1		69					
20		1		1		70					
21		1		1		71					
22		1		1		72					
23		1		1		73					
24		1		1		74					
25		1		1		75					
26		1		1		76					
27		1		1		77					
28		1		1		78					
29		1		1		79					
30		1		1		80					
31		1		1		81					
32		1		1		82					
33		1		1		83					
34		1		1		84					
35		1		1		85					
36		1		1		86					
37		1		1		87					
38		1		1		88					
39		1		1		89					
40		1		1		90					
41		1		1		91					
42		1		1		92					
43		1		1		93					
44		1		1		94					
45	1	1	1	1		95					
46		1		1		96					
47		2		2		97					
48		2		2		98					
49		2		2		99					
50		2		2		100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					